Office Use Only: Fees Paid	Received By		_ Cash	Check
	/ILLE PARKS & REC IONAL PROGRAMMI January-Febi	ING REC	SISTRATION	
Participant:	Activity:			
Session Dates & Time:				
Participant Age:	Birthdate	ate: Grade:		
School:			Track:	
Parent/Guardian Name:				
Street Address, City, Zip:				
Phone (H):	(W):		(0	C):
Emergency Contact:				
Email address:				
Allergies/Medical Info:				·
FEES- (Checks payable to TOWN ABC's & 123's ABC's & 123's Valentine ASight Word Safari Camp Multiplication Madness Divide & Conquer Mini-Multiplication Madne Written & Illustrated by Sight Words, Stories, & SPhonics Fun Class	Adventure \$	\$60 ( \$100 ( \$60 ( \$30 ( \$100 (	3-days) 3-days) 4-days) 3-days) 3-days) 5-weeks) 8-weeks)	
WAIVER I hereby assume all risks and had from the activities. I release, above volunteers, contractors, instructor activities and in the event of injuricertify that I have read and agree best of my/our knowledge.  PHOTO RELEASE I am aware that my child's photopromotional, news, or information video/take photos during any act Rolesville publications.	ove, and indemnify the rs, and/or sponsors by or damage to prope to the terms state to, artwork, and/or ronal media. I here	he Town from all perty, do d above name m by give	n of Rolesvi I risks and ho Dexpressly E and that the may be used permission	lle, employees of the Town, azards associated with the waive all claims against them. he information is correct to the d by the Town of Rolesville in to the Town of Rolesville to
Please list the names of any other	er individuals who ha	ave peri	mission to p	ick up your child:

Date

Signature